



FINAL - 4500 Stillwell

TR2: Technical Report
Concrete Sampling and Testing
Must be typewritten.

DOB# 420657284
BIB# 025333

✓ Orient and affix BIS
job number label here

420657284

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 61 Street Name TIOGA WALK

Borough Queens Block 16350 Lot 400 BIN 4466461 CB No. 414

Work on Floor(s) GND,001,002 Apt/Condo No(s)

2 Licensed Concrete Testing Lab Information *Required for all applications.*

Director Last Name GEBHARD Director First Name KAI Director Middle Initial

Business Name MUNICIPAL TESTING LABORATORIES INC. Business Telephone (631) 761-5555

Business Address 375 RABRO DRIVE Business Fax () -

City HAUPPAUGE State NY Zip 11788 Mobile Telephone () -

E-Mail

Director's Lic. Number 033459 ☐ P.E. ☒ R.A. Concrete Testing Lab Lic. Number 19

3 Licensed Concrete Testing Laboratory's Identification of Responsibilities *Required prior to Permit.*

Check all that apply below:

I certify that I am the director of the licensed concrete testing laboratory accepting responsibility for conducting the testing in accordance with BC 1905.6 and BC 1704.1. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with the resting of concrete and licensed concrete testing laboratories as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6), which specifies the qualifications and duties required of a licensed concrete testing laboratory and that this licensed testing laboratory meets those qualifications for the work which I take responsibility. I agree that both I and the licensed concrete testing laboratory will comply with all provisions of the New York City Construction Codes as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6). I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Change of Applicant: I am a newly designated individual responsible for the testing specified herein and I hereby state that:

- ☐ None of the tests indicated herein have been performed to date by the previously designated individual.
- ☐ Some of the tests indicated herein have been performed by the previously designated individual, as indicated in the attached report.

Name (please print)

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

4 Design Applicant's Statement and Signature *P.E./R.A. Required prior to Permit.*

☐ I certify that the licensed concrete testing laboratory specified in section 2 above and engaged by the owner to perform tests on the work at the location specified in section 1 above is acceptable. (BC 1704.1)

Name (please print)

Signature

Date

P.E. / R.A. Seal *(apply seal, then sign and date over seal)*

5 Building Owner's Statement and Signature *Required prior to Permit*

I certify that I have employed the licensed concrete testing laboratory specified in section 2 above in accordance with BC 1704.1. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency. I may be barred from filing further applications or document with the Department.

Name (print)

Title

Signature

Date

STOP HERE PRIOR TO PERMIT

Required Test Age (days): 28

12/14

7 Licensed Concrete Testing Laboratory's Certification of Completion *Required prior to Sign-off.*

- ☒ I certify that I have completed the testing specified herein and that the results reported in section 6 of this form are true and accurate in accordance with §28-406.3.2.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

- ☐ **Withdrawal of Applicant:** I am withdrawing responsibility for conducting the tests indicated herein and herewith submit the results or status of the work performed to date.

Name (please print)

Kai Gebhard

Signature

Date

07/02/18

P.E. / R.A. Seal (apply seal, then sign and date over seal)

8 Design Applicant's Statements and Signatures *Required prior to Sign-off. P.E./R.A. responsible for plans, choose one and sign/seal.*

- ☒ I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents.

- ☐ I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents except as noted in the attached report (BC 1905.6).

Note: design applicant's signed and sealed report must be attached to this document

Name (please print)

MICHAEL KIRSCHMAYR

Signature

09/25/2018

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

9 Concrete Producer's Statement and Signature *Required prior to Sign-off. Must be filled out by Owner of Production Facility.*

I certify that the test results reported in section 6 above were reported to me, and I further certify that the concrete delivered is in accordance with the design mix(es) specified on the TR3 submitted for the work specified in section 1 above.

Name (print)	Gerard Gargano	Title	Member
Signature	<i>Gerard Gargano</i>	NRMCA/CIB Expiration Date (BC 1905.8.2)	7/7/19
Business Name	Stillwell Ready Mix & Bldg Materials	Business Telephone	(718) 449-9439
Business Address	2543 Stillwell Avenue	Business Fax	(718) 449-1817
City	Brooklyn, NY	State	11223

MUNICIPAL TESTING LABORATORY, INC.

375 RABRO DRIVE, HAUPPAUGE, NEW YORK 11788, 631-761-5555, 631-761-5560 FAX, EMAIL MTL@MTLLAB.NET

REPORT OF CONCRETE OR GROUT PLACEMENT TESTS

Client: IBTS	Report Date: 7/21/2017
Address: 9201 4th Avenue, 5th Floor, Brooklyn, NY 11209	Report Number: P6719 Lab#: 8453
Contractor: Liro	Date Cast: 6/23/17
Project 61 Tioga Walk	Work Order #: APP-025333
Concrete Plant: Stillwell	Yards Placed: 29

FIELD INFORMATION

Pour Location for Set # 1: Building Footing

Pour Location for Set # 2:

Lab Technician: Lukose, A. ACI #01147853

Field Technician: Yussuph, S. ACI #01354457

ASTM C 39	COMPRESSIVE STRENGTH TESTS								AREA:	12.63	Avg Cyl Dia:	4.01
Cylinder ID #	Date Cast	Date Tested	Slump C143	Air C173, C231	Unit Wt. C138	Temp F. C1064	Truck No.	Tested Age	Load KN	Strength PSI	Specified Strength	Type Frac

Cylinder Set # 1

D03021	6/23/17	7/7/17	7.00	6.5	140.8	86	11	14	385.1	6,860	4,500	4
D03022	6/23/17	7/7/17	7.00	6.5	140.8	86	11	14	395.9	7,050	4,500	3
D03023	6/23/17	7/21/17	7.00	6.5	140.8	86	11	28	413.5	7,360	4,500	4
D03024	6/23/17	7/21/17	7.00	6.5	140.8	86	11	28	426.9	7,600	4,500	3
D03025	6/23/17	7/21/17	7.00	6.5	140.8	86	11	28	417.8	7,440	4,500	2

Cylinder Set # 2

Remarks:

Reviewed By:



Laboratory Director

Lab tests are conducted in accordance with ASTM C-39 or AASHTO T-22, By technicians certified by ACI. Municipal Testing is inspected by the Cement and Concrete Reference Laboratory of The National Institute of Standards and Technology and is Accredited by : AASHTO and is Licensed by: New York City (#19) and by The State of Florida. This report relates only to the item or exact location/item tested, not to the entire construction. It can only be reproduced in full, and only with Municipal Testing Laboratory, Inc. written permission. Our liability is strictly limited to the fee paid.

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REPORT OF CONCRETE OR GROUT PLACEMENT TESTS

Client: IBTS	Report Date: 8/15/2017
Address: 9201 4th Avenue, 5th Floor, Brooklyn, NY 11209	Report Number: P7171 Lab#: 8892
Contractor: DSW Homes	Date Cast: 7/18/17
Project 61 Tioga Walk	Work Order #: APP-025333
Concrete Plant: Stillwell Ready Mix	Yards Placed: 24

FIELD INFORMATION

Pour Location for Set # 1: Foundation walls & columns

Pour Location for Set # 2:

Lab Technician: Lukose, A. ACI #01147853

Field Technician: Yussuph, S. ACI #01354457

ASTM C 39	COMPRESSIVE STRENGTH TESTS								AREA:	12.63	Avg Cyl Dia:	4.01
Cylinder ID #	Date Cast	Date Tested	Slump C143	Air C173, C231	Unit Wt. C138	Temp F. C1064	Truck No.	Tested Age	Load KN	Strength PSI	Specified Strength	Type Frac

Cylinder Set # 1

D04861	7/18/17	7/25/17	8.00	6	145.6	90	90	7	280.7	5,000	4,500	4
D04862	7/18/17	7/25/17	8.00	6	145.6	90	90	7	284.8	5,070	4,500	3
D04863	7/18/17	8/15/17	8.00	6	145.6	90	90	28	368.3	6,560	4,500	3
D04864	7/18/17	8/15/17	8.00	6	145.6	90	90	28	367.9	6,550	4,500	2
D04865	7/18/17	8/15/17	8.00	6	145.6	90	90	28	364.5	6,490	4,500	2

Cylinder Set # 2

Remarks:

Reviewed By:

Laboratory Director 083459



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